

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATHState File No. 15079FILED MAY 8 1944  
Registration District No. 75Primary Registration District No. 5649Registrar's No. 42

## 1. PLACE OF DEATH:

- (a) County Lawrence  
(b) City or town Pierce City (Rural)  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: /

(If not in hospital or institution, write street number or location)

- (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 17 yrs.  
years, months or days

3. (a) PRINT FULL NAME George Jefferson Bowman

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Athelia Bowman 6. (c) Age of husband or wife if alive 62 years  
7. Birth date of deceased AUG. 6 1882  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
61 8 6 hr. min.

9. Birthplace Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

## 11. Industry or business \_\_\_\_\_

- MOTHER FATHER { 12. Name Unknown  
13. Birthplace Unknown (City, town, or county) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Athelia Bowman  
(b) Address Pierce City Mo. R.R. 1  
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-7-44  
(Month) (Day) (Year)  
(c) Place: burial or cremation City Cem.

18. (a) Signature of funeral director Emmanuel  
(b) Address Pierce City Mo.  
19. (a) 4-6-44 (Date received local registrar) (b) Emmanuel (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

- (a) State Mo. (b) County Lawrence  
(c) City or town Pierce City (Rural)  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country \_\_\_\_\_

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 2  
year 1944 hour 8 minute 20 M.

21. I hereby certify that I attended the deceased from Oct. 3  
1943 to Apr. 2 1944  
that I last saw him alive on Apr. 2 1944  
and that death occurred on the date and hour stated above.

## Immediate cause of death

Acute and mitral regurgitation Duration Unknown

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

## Major findings:

Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

## PHYSICIAN

Underline the cause to which death should be charged statistically.

## 22. If death was due to external causes, fill in the following:

- (a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

- (Specify type of place)  
While at work? \_\_\_\_\_ (e) Means of injury 2  
23. Signature Charles J. Moon (M. D. or other) MD.  
Address Pierce City Mo. Date signed 4/5/44

RECEIVED  
District Health Officer No. 63  
Date Filed  
RECEIVED

RECEIVED  
District Health Officer No. 63  
District File Number 544-561  
Date Filed MAY 6 1944

MAY 8 1944  
MAY 9

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

working under my personal supervision.

*Mrs.*

Registered Apprentice No.....

Signed *Nathan O. Nimmer*

Licensed Embalmer No. 3822

P. O. Address *Pine Bluff*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**